

# interChange Provider Important Message

## Medically Unlikely Edits (MUEs) – Updated as of 9/4/2015

❖ All red text is new for 9/4/2015

In November 2010, the Department of Social Services (DSS) adopted the Centers for Medicare and Medicaid Services' (CMS) National Correct Coding Initiative (NCCI) which included the Medically Unlikely Edit (MUE) to reduce the paid claims error rate. The MUE edit occurs when a provider bills more than the maximum units of service for a HCPCS/CPT code than would be reported under most circumstances for a single beneficiary on a single date of service.

According to the CMS definition, MUEs are auto-deny edits; however, during the NCCI implementation CMS had allowed DSS to cutback the reimbursed units of service billed in excess of the MUE criteria. Effective April 1, 2015, claims exceeding the medically unlikely units will auto-deny instead of cutback and post Explanation of Benefits (EOB) code 0770 "MUE UNITS EXCEEDED". Providers will need to resubmit the denied HCPCS/CPT codes with the correct units.

As a reminder, quarterly MUE updates are no longer published on the [www.ctdssmap.com](http://www.ctdssmap.com) Web Site. Providers are asked to refer to the CMS MUE tables by clicking on the link below to obtain published quarterly additions, deletions, and revisions:

<http://www.cms.gov/Medicare/Coding/NationalCorrectCodInitEd/MUE.html>

## Important Update:

As communicated in [Provider Bulletin 2015-59](#), DSS has made the decision to exclude **Therapists and Therapist Groups** from MUE claim processing methodology until September 1, 2015. Therapy claims submitted on or after September 1, 2015 that exceed the medically unlikely units will auto-deny and post EOB 0770 "MUE UNITS EXCEEDED".

